

# FIGHTING BACK

## COMMUNITY INITIATIVES TO REDUCE DEMAND FOR ILLEGAL DRUGS AND ALCOHOL

Charlotte NC ❖ Columbia SC ❖ Gallup NM ❖ Kansas City MO ❖ Little Rock AR ❖ Milwaukee WI ❖ Newark NJ  
New Haven CT ❖ Oakland CA ❖ San Antonio TX ❖ Santa Barbara CA ❖ Vallejo CA ❖ Washington DC ❖ Worcester MA

### *Substance Abuse Program Nears Landmark of 300 Participants in Washington, DC*

The Providence Hospital/Marshall Heights Intensive Outpatient Substance Abuse Treatment Program, the centerpiece of the Fighting Back strategy, opened its doors in September 1998. As of February 2000, 294 people had entered the program, most of them between the ages of 20 and 40. The analysis of their problems is as follows:

- 155 for poly-substance abuse (addiction to more than one drug)
- 55 for marijuana
- 45 for crack cocaine
- 22 for alcohol
- 15 for heroin
- 2 for PCP or another stimulant

So far, 20 people have graduated, others have transferred to other programs, and 50 people are still currently enrolled. The entire program lasts for 22 weeks.

The program provides childcare for participants, links to aftercare, and other support services.

Call Ismail Iro, Ph.D., for more information.  
Telephone: (202) 396-1200

### Yale New Haven Hospital Recognizes Substance Abuse as a Medical Issue

While an increasing number of health care dollars are spent on the effects of substance abuse, physicians and hospitals throughout the country are caught in the middle. They treat the symptoms — and eventually the results — of alcohol and drug abuse, but often do little to address the cause, sometimes dismissing the problem as ‘non-medical’ and therefore non-essential.

Drs. Phil Brewer and Gail D’Onofrio, two attending physicians in the Emergency Department of the Yale New Haven Hospital, are working hard to change this attitude. Both Brewer and D’Onofrio are on the faculty of the Yale University School of Medicine, and Brewer is also the Director of Community and Preventive Emergency Medicine. In 1998, Brewer published a paper in the Academic Emergency Medicine journal entitled “Substance Abuse and Emergency Medicine: Not So Benign Neglect.” The paper argued that the lack of teaching on substance abuse was a glaring deficiency in the medical education system. Numerous commissions conducted on medical education have stressed the same thing, and yet at Yale, for instance, there is still not a course in the medical curriculum on how to recognize and effectively treat substance abuse.

In a city like New Haven with a population of 125,000, an estimated 10,000 persons have serious substance abuse problems. It is a problem that the medical community cannot ignore. “During the course of thirty-five shifts each week, we see about 1,000 people in the Emergency Department,” says

Brewer. “Of those people, I would estimate that about 400 or more present with problems related to substance abuse.” As he explains, this weekly count breaks down to 200-300 patients whose alcohol use has directly or indirectly affected the reason for their hospital visit, 100-150 patients who are using heroin or cocaine, and 20-30 patients who are using amphetamines and PCPs. “These are conservative estimates,” he cautions.

The statistics are equally compelling on a national level. Over 50% of major trauma patients presenting in emergency rooms, and around 22% of minor injury patients, test or screen positive for alcohol or drug problems. Reviews of hospital admissions reveal 30% and 40% of patients are admitted for reasons related to substance abuse. Perhaps the most shocking statistic, however, is that each year, the medical staff and resources of emergency rooms around the country strain under the load of more than 500,000 patient visits directly caused by the use of illicit drugs.

To help identify substance abusers, a screening and referral process known as Project ASSERT (improving Alcohol and Substance abuse Services and Educating providers to Refer patients to Treatment) is active in the Yale New Haven hospital. Project ASSERT provides health promotion advocates who screen English-speaking patients for substance abuse problems from 11am - 11pm. Additionally, physicians are supposed to ask questions about alcohol, tobacco, and drug use in their

continued on last page

# Fighting Back Executive Director and Public Health Director in Kansas City Reinforce Need for Data to Reduce Substance Abuse

On January 1st of this year, Jim Nunn became the new Executive Director for Kansas City Fighting Back. As the former Deputy Police Chief for Kansas City, Nunn brings a wealth of knowledge on the role that law enforcement plays in the fight against substance abuse, as well as an intense enthusiasm to see the work of Fighting Back become more focused and effective.

"I'd like the Fighting Back strategy to be the impetus for change, and to be able to institute that change at key locations throughout systems," says Nunn. He is convinced that gathering and analyzing specific local data will be an integral part of achieving this goal. "We may believe we know what is happening out there," he says, "but that knowledge is only useful if we can provide evidence of the factual particulars about substance abuse, so that people can't deny the information."

The collection and dissemination of local data is definitely a vital prerequisite to the successful collaboration between community organizations and public services in the fight against substance abuse. Knowing and understanding the trends and statistics of individuals and families that are affected by substance abuse allows for an accurate determination of the extent of the problem, as well as a targeted and effective deployment of resources.

This type of useful data was recently presented by the Report of the Municipal Court DUI Task Force in Kansas City, published on March 16, 2000. The Report's statistics provide Fighting Back and other community organizations in Kansas City with the evidence that the number of DUI arrests may be declining, but the problem of alcohol abuse still requires an intense amount of attention. One chart on self-reported drinking and DUI behaviors, drawn from telephone responses gathered by the Behavior Risk Factor Surveillance System, shows that 3.3% of Kansas City residents confess to driving

while under the influence of alcohol. This indicates a far larger number of people may be driving under the influence than was previously estimated, based solely upon arrests.

"Alcohol definitely remains our number one substance abuse problem in Kansas City," claims Rex Archer, MD, the Director of Public Health. "If you multiply this figure of 3.3% by the number of drivers in Kansas City, you have about 10,000 people who admit to driving under the influence." In 1999, there were approximately 2,400 DUI arrests in Kansas City, which means that only one out of every four drunk drivers actually gets caught.

Archer is quick to point out that DUI issues are not the only major problem associated with substance abuse. The spread of infectious diseases, often linked to substance abuse, is an increasing concern; in fact, there are more infectious disease deaths in Kansas City each year than there are homicides. Between 1990 and 1996, 1,244 Kansas City residents died from an infectious disease including HIV and Hepatitis B or C as well as other non-sexually transmitted diseases (but not including influenza or pneumonia), compared to 830 homicide victims.

"Unprotected sexual behavior, engaged in while under the influence of drugs or alcohol, contributes to the spread of infectious diseases," says Archer. "However, this alarming aspect of drug or alcohol abuse is much harder to quantify, and therefore more difficult to address." Archer agrees that the correlation between substance abuse and the spread of infectious disease is an issue of public health concern, and suggests that more research is required in order to compile local data and effectively apply it to the Kansas City community. "If we don't keep publicizing this kind of information and educating people to the problems in this area," he says, "we will not receive the kind of resources we need to continue fighting substance abuse."

The Fighting Back National Program Office is pleased to announce that the Community Justice Exchange website –

[www.communityjustice.org](http://www.communityjustice.org)

has included Fighting Back in the National Programs Database of the Community Justice Exchange. The website was created by the Center for Court Innovation, with support from the Department of Justice's Bureau of Justice Assistance the Community Justice Exchange, which has "...created a central place where people exploring, planning and running community justice programs can find out what's happening in the field, get help planning initiatives and connect with peers."

## Use the Fighting Back Website to connect with:

- ❖ Kansas City Fighting Back: Move UP . . . . . [www.moveup.org](http://www.moveup.org)
- ❖ Washington, DC MHCDO Fighting Back Initiative . . . . . [www.mhcdo.org](http://www.mhcdo.org)
- ❖ Northwest New Mexico Fighting Back . . . . . [www.cnetco.com/~nci/](http://www.cnetco.com/~nci/)
- ❖ Vallejo Fighting Back Partnership . . . . . [www.fight-back.org/main.htm](http://www.fight-back.org/main.htm)
- ❖ Little Rock Fighting Back . . . . . [www.littlerock.org/government/departments/community/fighting.html](http://www.littlerock.org/government/departments/community/fighting.html)

**MILWAUKEE FIGHTING BACK** recently released its **1999-2000 Community Report Card** which tracks substance abuse trends of 14 different indicators in that city. The report card is the second edition that provides information on the impact of alcohol, tobacco, and other drugs on Milwaukee County Youth. The indicators include facts on youth treatment, drug crimes, youth and alcohol, drug and alcohol related deaths, alcohol related car crashes, and program specific outcomes. Project Director Tasha Jenkins says, "Preventing drug abuse is not accomplished by a single organization but by many groups and individuals throughout Milwaukee County. Prevention is woven into the mission and activities of many community-based organizations, some of which are substance abuse related and some which are not." For copies of the Milwaukee Fighting Back Report Card, contact Tasha Jenkins at (414) 270-2880; [fbi@execpc.com](mailto:fbi@execpc.com).

## VA Clinic Acting Director joins Board of Vallejo Fighting Back

Earlier this year, Hannelore Catania, the Acting Clinical Director of the Veterans Administration Mare Island Outpatient Clinic in Solano County, joined the Board of Vallejo Fighting Back. She brings useful and important insight into the problems and effects of substance abuse within the veterans population, and is optimistic about the potential for the positive exchange of treatment and referral program ideas within the Fighting Back community.

The VA Clinic at Mare Island sees between 80 and 100 patients each month, and is not yet operating on a fulltime basis. Though it has only been in operation for one year, the Clinic has already increased its mental health clinic from 3 to 4 days each week. As Catania explains, most of the referrals to the mental health clinic involve medical problems associated with substance abuse. "We obviously see a lot of alcohol abuse," she

says, "but we are also seeing an increasing number of patients with cocaine, amphetamine, and heroin addictions. By the time these veterans come to us, most have lost all social and family networks and many are already homeless."

Catania's immediate concern is to publicize the availability of free medical treatment to the veterans in the area. There are 69,000 veterans in Solano County, but only about 7% are currently making use of their benefits. "I know that there are definitely people with substance abuse problems in the remaining 93%," says Catania, "but I think part of the problem is that people used to assume that the VA system did not provide top quality service. This is not the case, and we need to get the message out there that good treatment and rehabilitation exist for veterans with substance abuse problems."

## Treatment Seen as Top Priority for San Antonio

San Antonio Fighting Back of United Way released its 2000 Community Report on Substance Abuse Indicators earlier this year. The report was sent to approximately 1,000 people, including the mayor and members of the city council, the county commissioners, state representatives, district attorney, police department, and various school board representatives. Rufus Hoefler, CHE, Administrative Director of Psychiatric & Addiction, Recovery Services for San Antonio's University Hospital, and the Fighting Back Board member responsible for the report's production, is pleased with its concise presentation of relevant local data. He acknowledges, however, that the report highlights the increasing disparity between the number of people in the San Antonio area who require treatment for substance abuse and the availability of treatment facilities and programs.

In 1997 the Fighting Back National Evaluation survey determined that there were 5,735 people between the ages of 16 and 44

in the project area who needed treatment. During that same year, a total of only 1,181 people actually received treatment, including 206 people who were treated through the Veterans Administration treatment program. In 1998, that number only increased by 173 and due to severe funding cutbacks, is not expected to rise. The Veterans Administration treatment program is particularly important in San Antonio, where there are five military installations and a large population of active and retired military personnel.

According to Hoefler, recent cuts in state funding for treatment have severely reduced services for adolescents and indigent adult men. "Most, if not all, of the treatment providers in the metropolitan San Antonio area have had to reduce the number of slots they provide," he says. The San Antonio strategic approach includes directing attention to increasing access to quality treatment for substance abusers who live within the 25 square mile target area.

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patient work-up. This is sometimes a new experience for physicians, since substance abuse is not a standard emphasis in medical school curricula.

Project ASSERT was developed and facilitated with support from NHFB.

Brewer and D'Onofrio ensure that lectures on substance abuse are a mandatory part of the regular curriculum for the Emergency Medicine residency program. However, both agree, more pressure must come from the community for hospitals and medical schools to add these requirements. "People who are active in the community need to go to hospitals and Emergency Departments and ask questions about what is being done around this issue," says Brewer. "They need to make it clear that, as members of the community, they expect hospital staff not to practice benign neglect but to take an active role in the fight against substance abuse." As D'Onofrio suggests, stronger links between communities and their hospitals are what will ultimately affect a change in the medical view of substance abuse.

In fact, Brewer was himself strongly influenced by a community volunteer who has spent more than 30,000 hours in the Emergency Department, helping to link patients with alcohol abuse problems to effective treatment services. "It's easy to go to a meeting and hear a presentation from another doctor and forget about it," admits Brewer, "but when you've got someone from the community right there with you, convincing you that this is a major medical problem, then that's more difficult to ignore."

## Santa Barbara County Targets Link between Substance Abuse and Infectious Disease

The Santa Barbara County Alcohol, Drug, and Mental Health Services has made recognizing and addressing the link between substance abuse and infectious disease an important aspect of its services. To do this, Al Rodriguez, Manager for County Drug and Alcohol Services and a member of the Santa Barbara Fighting Back Steering Committee since September 1999, explains, the County has recently implemented a number of specific requirements for treatment services in the area.

All alcohol and drug abuse treatment programs are required to follow the strict guidelines of a Request for Proposal (RFP) process, that ensures that private programs coordinate their services with Public Health. This aids in thorough and accurate collection and analysis of data on infectious disease, as well as an assessment that appropriate services are provided.

The providers of all alcohol and drug abuse treatment programs must now contractually agree to attend at least two training seminars on infectious diseases during each year. These seminars will be co-sponsored by Santa Barbara County Public Health and Alcohol, Drug, and Mental Health Services, and will ensure that providers

can recognize the direct and indirect links between substance abuse and infectious diseases, and are able to address that issue within their programs.

In order to coordinate approaches to identifying and treating HIV and Hepatitis C, all private substance abuse treatment providers that receive Substance Abuse Prevention and Treatment (SAPT) HIV set aside funds are now required to use Public Health screening clinics to capture the data on these diseases. This will enable the development of an accurate and coordinated database, and will allow the County to measure how both private and public treatment services are delivered. Furthermore, any private treatment provider who provides substance abuse treatment services to clients on Medi-Cal (the California equivalent of Medicaid) must now also refer them to a Public Health Hepatitis C screening clinic.

Rodriguez is optimistic that these requirements will produce positive results: "By requiring accountability on the part of private substance abuse treatment providers, we are hoping to ensure that individuals with substance abuse problems are given access to vital information on, and treatment for, infectious diseases."

The Fighting Back Newsletter is a periodic publication that reports on the Fighting Back community strategies to reduce substance abuse.

This newsletter is produced by the Fighting Back National Program Office, Join Together, Boston University School of Public Health  
441 Stuart Street, Seventh Floor, Boston, MA 02116 P: (617) 437-1500 F: (617) 437-9394 Email: [info@fightingback.org](mailto:info@fightingback.org)

**Visit the Fighting Back website at [www.fightingback.org](http://www.fightingback.org)**

For more information about community strategies to fight substance abuse, go to Join Together Online at:

[www.jointogether.org](http://www.jointogether.org)

*Editor: Janice Ford Griffin*